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TO:	Amendment Section Division of Corporations	•	
SUBJI	JECT: Law Offices of Bobbi L. Meloro, P.A. (Name of Corpora	ation)	
DOCU	CUMENT NUMBER: P07000058999		
The en	enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.	
Please	se return all correspondence concerning this matter to the	e following:	
	Bobbi L. Meloro (Name of Contact I	Person)	
Law Offices of Bobbi L. Meloro, P.A. (Firm/Company)			
(Firm/Company)			
8551 W. Sunrise Blvd., Suite 300			
	(Address)		
Plantation, FL 33322 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Bobbi	bi L. Meloro at ı	(954) 577-1010 (Area Code & Daytime Telephone Number)	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclos	osed is a \$35.00 check made payable to the Department	of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS